

III. **Evaluation** (the specific means and criteria for grade assessment:
Written and/or oral tests, term papers, reports, etc.):

IV. **Additional information:**

Part D: Instructor- Semester or term

Check One Term Date:

_____ Fall Full-term _____ Spring Full-term _____ Summer Full-term
_____ Fall Part-of-term I _____ Spring Part-of-term I _____ Summer Part-of-term I
_____ Fall Part-of-term II _____ Spring Part-of-term II _____ Summer Part-of-term II

****Dates outside of the approved academic calendar may be submitted for consideration of approval. ****

Part E: Signatures and Approvals.

Student _____ Date _____

Instructor _____ Date _____

This box is required for all Summer Session contracts.

**** Faculty must submit an electronic copy of course syllabus to the Provost's Administrative Assistant. ****

----- **Complete next section with the Department Chair/Director**-----

Chair/Director _____ Date _____

----- **Complete this section only when faculty checked box above** -----

VPAA/Provost _____ Date _____